

I. VIRGINIA REFUGEE RESETTLEMENT PROGRAM

A. Benefits and Services Available to Refugees

1. Refugees are entitled to apply for the same benefits and service programs that are available to U.S. citizens. They may, therefore, be eligible to receive cash or medical assistance and may also take advantage of a number of service programs that are offered in Virginia (see IV.D.3 of this manual for examples).
2. Refugees who do not meet the requirements for mainstream programs – such as TANF, FAMIS, Medicaid, SSI, etc. – may be eligible for specialized programs that provide benefits and services exclusively to refugees. The Virginia Refugee Resettlement Program is designed to address the particular needs of refugees in order to help them transition to life in the United States and achieve self-sufficiency.
3. This program provides the following benefits and services, in addition to the typical public at large programs, to the refugee population in Virginia:
 - a. Culturally sensitive child welfare services to refugee unaccompanied minors (see section VI in this manual);
 - b. Refugee cash and medical transitional assistance to eligible refugees and their families (RMA & RCA – see sections III & IV);
 - c. Refugee social services (RSS – see section V);
 - d. Domestic Health Assessment (see section II.B.2);
 - e. Targeted assistance, in two federally designated areas of the state, for refugees who are particularly hard to serve and may need special assistance in order to achieve self-sufficiency (see section II.D.2); and
 - f. Specialized services implemented through discretionary programs targeted to address critical unmet needs in refugee communities (e.g. the Refugee Elderly Assistance Program [REAP], designed to meet the special needs of refugees who are age 60 or older and who may have a more difficult time becoming self-sufficient).

B. Virginia's Model for Resettlement

1. **Overview** - Virginia's model of refugee resettlement originates from the purpose of the refugee resettlement program at the federal level, namely promoting effective resettlement through attainment of self-sufficiency at the earliest time possible. This cohesive and comprehensive model of resettlement is a product developed after years of experience of what works best in Virginia. The model is based on the following principles:
 - a. Resettlement is a continuum of services that begins with the VOLAG at arrival in the U.S., moves toward self-sufficiency, and ideally leads to citizenship and full participation in the communities in which refugees reside.
 - b. Long-term public assistance utilization is not an acceptable way of life in America, and is therefore not a resettlement option.
 - c. A refugee's early employment promotes his/her earliest economic self-sufficiency.
 - d. Self-reliance and a sense of personal responsibility must be integrated into each refugee's Comprehensive Resettlement Plan (CRP), which ensures a central point of contact and which is family-based.
 - e. Coalitions of service providers ensure strong public/private partnerships and work to maximize resources.
 - f. Service providers must work in coordination with other agencies to maximize community resources and create a seamless service delivery system.
 - g. Services must be sensitive to cultural issues and must be implemented by a staff that, as closely as possible, mirrors the population served.
 - h. Mutual assistance associations and ethnic organizations bring unique strengths and cultural knowledge to the resettlement process.
 - i. Language access is critical to the resettlement process and must be fostered by all who work in some way with refugees.

2. Domestic Health Assessments

- a. The Domestic Health Assessment for refugees is designed to eliminate health-related barriers to successful resettlement while protecting the health of the U.S. population. Federal law mandates that refugees must receive an overseas medical examination prior to resettlement in the United States. Only those who do **not** have a communicable disease of public health status, current or present physical or mental disorders that are or have been associated with harmful behavior, or a history of drug abuse or addiction are allowed entry into the country.
- b. Once the refugee arrives in Virginia, the resettlement agency should ensure that the individual goes as soon as possible to the designated local health department for a Domestic Health Assessment. This initial medical screening ideally should be completed within the first 30 days of arrival.
- c. The Virginia Department of Health and the Office of Newcomer Services have established a Refugee Health Program to address the needs of refugees, particularly in the initial stages of their resettlement. The Refugee Health Program has established an assessment protocol to serve as a standard for health services to Virginia's newly arriving refugees. For more information, refer to the *Virginia Department of Health Refugee Health Assessment Protocol*.
- d. According to the protocol, the following services should be provided during the Domestic Health Assessment:
 - 1) Follow up of conditions identified during the overseas medical examination.
 - 2) Evaluation and diagnostic services to determine health status and identify health problems.
 - 3) Referral for follow-up of health problems identified (particularly those that may be a potential barrier to the refugee's self-sufficiency). This should include scheduling an appointment and assistance to the refugee in initiating the follow-up process.
 - 4) Education about the availability of health services, expectations, and appropriate utilization.
 - 5) Linkage with primary health care services.
- e. The assessment gathers information about the refugee's health history and makes a general physical assessment of the individual. It also includes an evaluation for Tuberculosis

infection and disease; other communicable conditions; Hepatitis B infection; immunization status; parasitic infections; pregnancy; anemia; and vision, hearing, and dental abnormalities.

- f. It is the responsibility of each health district to provide a qualified interpreter during the assessment for those refugees of limited English proficiency. ***Please refer to section II.E.1 of this manual for a full explanation of the expectations of those who work in some way with refugees.***
- g. A copy of the form that is to be used during the Domestic Health Assessment can be found in *Appendix C* of this manual.

3. Case Management and the Comprehensive Resettlement Plan

- a. From the time that the refugee arrives in the United States, efforts are made to begin the individual on the path to self-sufficiency. This process is initiated during the reception and placement period with the resettlement agency.
- b. At arrival, the resettlement agency should assign a primary case manager to each refugee or refugee family to serve as a central point of contact and accountability. Case managers are responsible for guiding the individual or family throughout the process of assimilation with the goal of leading the refugee and/or the entire family toward the earliest possible achievement of self-support.
- c. Case managers must begin this process with an assessment of the refugee/refugee family's overall needs and skills. With this information, the case manager and the refugee should work together to develop a Comprehensive Resettlement Plan (CRP). The CRP must include strategies to overcome barriers to self-sufficiency and involve each employable family member, not just the primary wage earner, in employment-related services to obtain sufficient earnings for the family's economic independence.
- d. Utilization of refugee cash and medical assistance (RCA & RMA) is an option when the refugee meets eligibility requirements, but must be integrated into a refugee's CRP and plan for self-sufficiency. RCA and RMA should always be considered as temporary aid meant to lead the refugee to self-sufficiency at the earliest possible date (see sections III.C & IV.C of this manual for the time limitations on these programs).

- e. Case management should be done in a culturally sensitive way in order to meet the unique needs of each refugee who is resettled in Virginia. Service providers must ensure that their staffing plans truly reflect the gender, ethnicity, and language characteristics of those being served.

4. Citizenship & Immigration

- a. By federal regulation (45 CFR 400.152), ONS and its contract service providers may not provide services to refugees who have been in the United States for more than 60 months. However, it can continue to offer citizenship and naturalization preparation services, as well as translation and interpretation services beyond this point.
- b. Service providers are encouraged to provide the following citizenship and naturalization preparation services for qualified refugees:
 - 1) English language training;
 - 2) Civics instruction (which may include citizenship classes);
 - 3) Application assistance to adjust status to legal permanent resident or citizen;
 - 4) Assistance to disabled refugees so that they can receive waivers from English and civics requirements for naturalization; and
 - 5) Interpreter services (only for disabled individuals) during the citizenship interview.

C. Administration

- 1. **Introduction** – The Office of Newcomer Services (ONS), a unit within the Division of Community Programs and Resources of the Virginia Department of Social Services, is responsible for the administration of the Virginia Refugee Resettlement Program (VRRP). The Commissioner of DSS has designated the position of State Refugee Coordinator within the Department of Social Services to ensure the effective coordination of public/private resources and the day-to-day management and coordination of the delivery of services and benefits to refugees throughout the Commonwealth.

2. Role and Function of the State Coordinator's Office

a. Program Design and Development

- 1) One of the challenges that ONS faces is to maintain a system that is adaptable to change without losing the focus of refugee self-sufficiency. New refugee groups, changing federal regulations, and national and international events are factors that constantly shape and reshape the refugee resettlement system.
- 2) Policies and guidelines for implementing a state plan are developed by ONS and promulgated through broadcasts, program manuals, updates and clarifications, inter-agency agreements, and Requests for Proposals (RFPs). All of Virginia's policies reflect a model that ONS has developed based on years of successful refugee resettlement and a working knowledge of what works throughout the Commonwealth.

b. Planning and Coordination

- 1) The Office of Newcomer Services plays an important role in the planning and coordination of services and programs, which in some way have an impact on refugees.
- 2) Its responsibilities in this area include:
 - participating in a Department-wide strategic planning process;
 - leading a statewide Directors Group, composed of directors of contract services providers, and the State Refugee Health Coordinator;
 - conducting quarterly consultations with local affiliates of voluntary organizations, contract service providers, ethnic organizations, mutual assistance associations, and other state and local government agencies; and
 - representing the Department of Social Services on task forces, councils, and committees that relate to refugees and immigrants residing in the Commonwealth.

c. Reporting

- 1) ONS is responsible for the timely submission of narrative, statistical and fiscal reports to the federal Office of Refugee Resettlement (ORR).
- 2) These include the Annual Services Plan; the Annual Performance Goal Plan; the ORR 1, 3, 4, & 11; and the Quarterly Performance Reports.

d. Public Education and Outreach

- 1) ONS provides information on refugee and immigrant issues to the Department, state legislators, service providers and private citizens. It assists in policy revisions and clarifications and channels information between service providers, and governmental agencies.
- 2) ONS analyzes and comments on the impact of proposed state legislation that may affect the state's foreign-born populations. ONS also provides information and statistical materials to legislators on the impact newcomers have on the state and its resources.
- 3) ONS serves as a clearinghouse for information on the entire foreign-born population, including refugees. Though the office does not serve non-refugees, it makes referrals to appropriate authorities and agencies. **This is an appropriate role for ONS, since no other state unit has the responsibility of ensuring the welfare of foreign-born populations.**
- 4) ONS educates the Commonwealth's communities on the Refugee Resettlement Program through presentations to community agencies and organizations. It provides information and materials about refugees residing in Virginia, the special challenges they face in adjusting to a new life in America, their impact on services, and the many contributions they make to local communities.

D. Funding

1. **Regular Federal Funding from ORR** – 45 CFR 400.200-400.301 outlines the federal funding that is available to Virginia for the refugee program and the benefits and services mentioned above. Virginia receives 100 percent federal funding to administer the program in the state. The Office of Newcomer Services is responsible for allocating the available funding in a way that follows federal regulations, while at the same time meeting the specific goals that flow from the Virginia model of refugee resettlement.
2. **Targeted Assistance Program (TAP)** – 45 CFR 400.310-400.319 outlines a special source of funding that ORR makes available to targeted areas throughout the United States where there are unusually high refugee populations, high refugee concentrations, and high use of public assistance by refugees. Virginia currently receives targeted assistance grants for two areas in the state, Fairfax County and the City of Richmond. ONS uses TAP funding in these two areas, primarily for employability services, to help refugees who, because of various factors, may have more difficulty

achieving self-sufficiency in the first few months following their arrival. At the discretion of ONS, TAP funding may also be used for services outlined in section V.D.2 of this manual.

E. Requirements of Parties Working with Refugees in Virginia

1. Service Without Discrimination

- a. *Interpretation & Translation* – All state agencies, community-based organizations, national voluntary agencies, mutual assistance associations, and any other entities receiving funding from the Office of Refugee Resettlement, both directly or indirectly, must comply with the Title VI of the Civil Rights Act regarding persons of limited English proficiency (LEP). These health and service agencies, as well as any other organizations that receive funding from the Department of Health and Human Services, must ensure that LEP persons receive language assistance so that they have meaningful access to any benefits and services for which they may be eligible. Because ONS is the channel through which refugee resettlement funds are distributed throughout Virginia, it encourages the above parties to take the following steps (from a policy guidance from DHHS, Office of Civil Rights – see *Appendix D* in this manual):
 - 1) Have a procedure for identifying the language needs of patients/clients.
 - 2) Have ready access to, and provide services of, proficient interpreters in a timely manner during hours of operation.
 - 3) Develop written policies and procedures regarding interpreter services.
 - 4) Disseminate interpreter policies and procedures to staff and ensure staff awareness of these policies and procedures and of their Title VI obligations to LEP persons.
- b. *Religion & Proselytism* – Another aspect of the Title VI prohibition against national origin discrimination applies to the issues of religion and proselytism. It is imperative that service providers ensure that refugees are not discriminated against because of their religious preferences. They must also ensure that no staff person or volunteer attempts to apply pressure upon a refugee to convert to a religion that is not their own. Proselytism must be avoided, as it may send the message to refugees that those of one religious tradition receive greater benefits and services than others.

2. Confidentiality

- a. *Introduction* – Title 45, section 400.27 of the Code of Federal Regulations makes it clear that personal information gathered on a refugee may only be used for administration of the refugee program. Therefore, this information may not be disclosed without the consent of the refugee (or in the case of a minor, the child's parent or guardian). Sub-sections b & c below (written originally for the Services Division of Virginia Department of Social Services) outline rights and responsibilities regarding the issue of confidentiality in the Refugee Resettlement Program as established by Title 2.1, Chapters 21 & 26 of the *Code of Virginia*.
- b. *The Virginia Freedom of Information Act* (Title 2.1, Chapter 21, Section 2.1-340.1 to 2.1-346.1, *Code of Virginia*) ensures the people of the Commonwealth ready access to records in the custody of public officials and free entry to meetings of public bodies wherein the business of the people is being conducted. The affairs of government are not intended to be conducted in an atmosphere of secrecy, since at all times the public is to be the beneficiary of any action taken at any level of government. An Attorney General's opinion of May 30, 1973, states that this act does not apply to case records maintained by local departments of social services. All case records remain confidential. Even though a person requests information pursuant to the Virginia Freedom of Information Act, local departments are not required to disclose information, but must:
 - 1) provide a written explanation of why the requested records are not available;
 - 2) cite Section 63.1-53 and/or Section 63.1-209 of the *Code of Virginia*;
 - 3) cite appropriate privacy regulations; and
 - 4) respond to the request within 14 calendar days of the request.
- c. *The Virginia Privacy Protection Act of 1976* (Title 2.1, Chapter 26, *Code of Virginia*) ensures safeguards for personal privacy by record-keeping agencies. The following principles of information practice have been established to ensure safeguards for personal privacy (Section 2.1-378).

Principles for Disclosure:

- There shall be no personal information system whose existence is secret.
- Information shall not be collected unless the need for it has been clearly established in advance.
- Information shall be appropriate and relevant to the purpose for which it has been collected.
- Information shall not be obtained for fraudulent or unfair means.
- Information shall not be used unless it is accurate and current.
- There shall be a prescribed procedure for an individual to learn the purpose for which information has been recorded and particulars about its use and dissemination.
- There shall be a clearly prescribed and uncomplicated procedure for an individual to correct, erase, or amend inaccurate, obsolete, or irrelevant information.
- Any agency holding personal information shall assure its reliability and take precautions to prevent its misuse.
- There shall be a clearly prescribed procedure to prevent personal information collected for one purpose from being used for another purpose.
- The Commonwealth or any agency or political subdivision thereof shall not collect personal information except as explicitly or implicitly authorized by law.

d. Disclosure:

- 1) Title 45 section 400.27.b of the Code of Federal Regulations allows for sharing of certain pieces of information about a refugee or refugee family between the local resettlement agency and the Department of Social Services. The individual's name, address, and phone number, as well as whether or not he or she has applied for or is receiving cash assistance, may be disclosed without written consent of the refugee. This applies only during the first 36 months following the arrival of the refugee into the US and only when it is directly necessary for the administration of the refugee program. Further information may be shared between these and other parties upon the written consent of the refugee, or in the case of a minor, the refugee's parent or guardian. A form has been provided in this manual (see *Appendix E*), which can facilitate obtaining permission to release and share information from the refugee's case file.

- 2) The following was written by the Service Division of the Department of Social Services (vol. VII, section I, chapter C.7), but because it comes from the same section of the *Code of Virginia* (2.1), it can also be applied to refugees and their right to retrieve information about themselves on file with the local Department of Social Services:
- Customers [refugees], guardians, guardians ad litem, and the customers' authorized representatives shall be accorded access to all eligibility and service material contained in local department of social services files, except for mental records under certain conditions. A customer's representative is anyone designated to act in the customer's interest. The customer or representative shall be required to furnish proper identification and a proper release of information.
 - Under the Virginia Freedom of Information Act, medical records can be personally reviewed by the customer or a physician of that customer's choice who is acting as his or her designated representative.
 - An exception to the customer's right to see his or her own records is in the case of mental records, including psychiatric and psychological examination reports. These records may not be personally reviewed by the customer when the treating physician has made a written statement that, in his or her opinion, a review of such records by the customer would be injurious to the customer's physical or mental health or well-being.

3. Reporting Suspected Abuse & Neglect

- a. Virginia has a number of laws and services which are meant to protect those who may be vulnerable to abuse, neglect, and exploitation of some sort. Perhaps the most vulnerable are older adults, disabled adults, and children. An individual in one of these groups who is also a refugee may be even more at risk of abuse and neglect, particularly if he or she is a person of limited English proficiency. In order to ensure that these groups are given adequate protection, Virginia has established mandatory reporting statutes. This means that certain individuals are required by law to immediately report to local departments of social services any suspected abuse or neglect of children, the elderly, or the disabled.
- b. The following is a list of mandated reporters (from Virginia Code § 63.1-248.3 and § 63.1-55.3):

- 1) Any person licensed to practice medicine or any of the healing arts;
 - 2) Any hospital resident or intern, and any person employed in the nursing profession;
 - 3) Any person employed as a social worker;
 - 4) Any mental health professional;
 - 5) Any law-enforcement officer;
 - 6) Any person employed by a public or private agency or facility and working with adults or children; and
 - 7) Any person providing full-time or part-time care to adults or children for pay on a regularly scheduled basis.
- c. These persons are also added to the list of mandated reporters on behalf of children:
- 1) Any probation officer;
 - 2) Any teacher or other person employed in a public or private school, kindergarten or nursery school;
 - 3) Any duly accredited Christian Science practitioner; and
 - 4) Any mediator eligible to receive court referrals pursuant to § 8.01-576.8;
- d. Individuals employed by service providers within Virginia's refugee program may be in one of the above categories of mandated reporters. Therefore, they should not hesitate to make a report to their local Department of Social Services whenever they have a suspicion that a refugee (who is a child, elderly, or disabled person) is being abused, neglected, or exploited in some way.